

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S		10-15-01
O.I.P.E. CLASSIFIER			10-31-01
FORMALITY REVIEW	AC	640	11-09-01
RESPONSE FORMALITY REVIEW	HC	712	02-19-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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